

State of Connecticut

GENERAL ASSEMBLY



PERMANENT COMMISSION ON THE STATUS OF WOMEN

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**Testimony of
Leslie Gabel-Brett, Ph.D
Executive Director
Permanent Commission on the Status of Women
Before the
Judiciary Committee
Monday, April 4, 2005**

In Support Of:

R.B. 6960, AAC Gender Specific Behavioral Health Services and Substance Abuse Services

R.B. 6978, AAC Alternatives to Incarceration, Diversion Programs and Community-Based Services for Female Children in the Juvenile Justice System

R.B. 6980, AAC Services Available to a Child in a Family with Service Needs

C.B. 892, AAC Consensual Sexual Activity Between Adolescents Close in Age to Each Other

C.B. 172, AAC The Reduction of Disproportionate Minority Representation in the Juvenile Justice System

R.B. 6848, AAC The Reduction of Disproportionate Minority Contact in the Juvenile Justice System

Good afternoon Senator McDonald, Representative Lawlor and members of the Committee. My name is Leslie Gabel-Brett and I am the Executive Director for the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in support of the above proposals.

R.B. 6960, AAC Gender Specific Behavioral Health Services and Substance Abuse Services

R.B. 6978, AAC Alternatives to Incarceration, Diversion Programs and Community-Based Services for Female Children in the Juvenile Justice System

R.B. 6980, AAC Services Available to a Child in a Family with Service Needs

We support the three bills listed above because their provisions will improve services to women and girls who are either involved in the criminal justice system or are seeking treatment from state-funded substance abuse or behavioral health care providers. The PCSW has had the privilege of working with a wide range of agencies and groups this past year who have been focusing on this goal. Together with the non-profit Connecticut Women's Consortium, we co-chair the Roundtable on Women's Behavioral Health, a dynamic group of experts from state agencies including DMHAS, DCF, the Department of Correction, the Department of Social Services, and the Office of the Child Advocate, and representatives from domestic violence and sexual assault programs, legal advocates and community-based behavioral health providers. We also participated in the Girls' Services Steering Committee convened by DCF pursuant to legislation enacted last year.

A clear and urgent consensus has emerged from this work: Women and girls need services that are gender appropriate and culturally competent, and take into account their specific experiences, especially psychological trauma resulting from sexual or domestic violence. Moreover, because women and girls have historically been the minority among those served, their needs and experiences have been marginalized, at best, and invisible, at worst. Our systems for providing treatment to girls and women, whether through the juvenile justice or adult criminal justice systems, or through community-based programs for people seeking care outside the criminal justice system, are not sufficiently integrated and rely too heavily on incarceration or other institutional responses when smaller, community-based services would be better. Providers are not adequately trained to provide the best care to women and girls. In short, we are not making the best use of public funds and we are not offering the most hope to women and girls.

A growing body of research and experience has demonstrated that girls and women need "gender-specific" services that take into account their particular experiences and developmental needs. For example, an overwhelming majority of girls and women who enter the criminal justice system have been the victims of sexual or domestic violence; in fact, the report issued by DCF pursuant to Special Act 04-05 notes that girls are three times more likely than boys to have been sexually abused by the age of 18. Girls who have been sexually abused are more likely to experience stress, depression and low self-esteem.¹ Treatment or responses that do not address the psychological consequences of trauma will not work, and may actually re-victimize the victims. In addition, research demonstrates that girls and women are more likely to thrive in settings where personal relationships are valued and nurtured, and where cultural differences are also respected.

R.B. 6960 requires that all behavioral and substance abuse services provided by the state or that receive state funds be gender specific. It further requires DMHAS, in

¹ *Plan for a Continuum of Community Based Services for Adolescent Females Involved in the Juvenile Court System*, Department of Children and Families, December 30, 2004, citing various psychological research reports, p. 27

collaboration with DCF, DOC and Court Support Services Division, to establish a competitive grant program to encourage best practices in the field and to evaluate the success of gender specific programs. Alyssa Benedict, an expert and trainer on this topic, explains that “gender specific systems and services are those that intentionally allow research, knowledge and competency on female development, socialization, risks, strengths, and needs to affect and guide all aspects of system design, system processes, service design and service delivery.”

R.B. 6980 and R.B. 6978 propose changes to statutes governing our response to children in Families with Service Needs. The proposed bills require gender specific and culturally competent assessments of their health, education and behavioral health needs, and puts laws in place that would divert some children away from incarceration in any juvenile detention center and into community-based services and secure residential placements instead. Both of these bills address the judicial responses to “status offenders” who may currently be incarcerated for violating existing court orders that resulted from running away from home or from truancy and require that such children receive services before they can be incarcerated. This is particularly important for girls who are sometimes running away from home in order to escape abuse or sexual violence.

Juvenile detention is the most expensive and least effective response to children in trouble. According to the Center for Children’s Advocacy, the cost of juvenile detention in Connecticut is approximately \$300 per child per day, whereas the cost of so-called “wrap-around services” such as those provided through an excellent program in Milwaukee is only \$158 per day. We believe that all three of these bills will better serve women and girls and make better use of state funds, and we urge your support.

C.B. 892, AAC Consensual Sexual Activity Between Adolescents Close in Age to Each Other

The PCSW supports CB 892, the intent of which is to reduce the risk of criminal prosecution against teens close in age engaging in consensual sexual activity or intercourse with one another. The proposed bill attempts to balance our wish to protect underage children from unwanted sexual contact with our concern about unnecessary and harmful criminal prosecution of teens. For example, although we may disapprove of a consensual sexual relationship between a 14-year-old girl and a 17-year-old boy, we do not believe that prosecuting the teenage boy for engaging in this relationship is appropriate (unless he has forced or otherwise attacked the girl). Therefore, this bill makes a small change to the current sexual assault statutes such that when one sexual partner is between the ages of 14 and 16, the other sexual partner may be up to 3 calendar years older and not risk criminal prosecution.

C.B. 172, AAC The Reduction of Disproportionate Minority Representation in the Juvenile Justice System

R.B. 6848, AAC The Reduction of Disproportionate Minority Contact in the Juvenile Justice System

The PCSW supports both CB 172 and RB 6848, both of which propose to reduce the disproportionate representation of minorities in the juvenile justice system through the implementation of pilot programs to track the types of crime, numbers of arrests and placement of juvenile offenders based on certain offender characteristics such as race and ethnicity. The level of access that juveniles in these areas have to services in the juvenile justice system will also be assessed for adequacy. Furthermore, both bills provide a continuum of culturally competent treatment, supervision and placement options and alternatives to incarceration.

In 2003, 33.8% (296) of the juvenile population in residential treatment centers was female, with 188 in mental health facilities, 58 in juvenile justice facilities, and 50 in substance abuse facilities². Within this population, female juveniles of color were disproportionately represented in the areas of mental health at 56.5% of the population, and juvenile justice at 66.4% of the population (36.8% of substance abuse population). We must provide gender specific and culturally appropriate services for these young women, as well as for the disproportionate number of male minorities in the juvenile justice system. Having access to meaningful services often reduces recidivism and the rate of status offenses and increases the likelihood of successful restoration to the community.

Thank you.

² *Residential Treatment Centers Quarterly Report*, Department of Children & Families, July 1, 2003 to September 20, 2003.

